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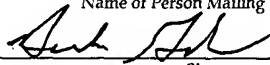
**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the dated indicated above and is addressed to: MAIL STOP PATENT APPLICATION, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Derrick Gordon

Name of Person Mailing Paper or Fee



Signature

JULY 23, 2003

Date of Signature

Re: **New U.S. Patent Application Transmittal**  
For: **METHOD OF AND APPARATUS FOR DETECTING DISEASED TISSUE BY SENSING TWO BANDS OF INFRARED RADIATION**  
By: **Pradip MITRA**  
Attorney Docket No.: 10919/21401

Dear Sir:

This Utility Patent Application Transmittal Enclosed is submitted in connection with a METHOD OF AND APPARATUS FOR DETECTING DISEASED TISSUE BY SENSING TWO BANDS OF INFRARED RADIATION, by Pradip MITRA, inventor:

Enclosed herewith are the following:

**APPLICATION ELEMENTS:**

- 1) A duplicate copy of this Transmittal Letter (containing a breakdown of amount of fees due and authorization to charge Deposit Account No. 18-1260);
- 2) Specification (49 pages, including 58 claims and an abstract);
- 3) Formal Drawings (Figs. 1-10, 4 sheets); and
- 4) Executed Declaration and Power of Attorney (3 pages).

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**ACCOMPANYING APPLICATION PARTS:**

- 1) Information Disclosure Statement (3pages);
- 2) Form PTO-1449 (1 page);
- 3) Copies of 25 references cited in the Information Disclosure Statement; and
- 4) Assignment (2 pages) of the invention to LOCKHEED MARTIN CORPORATION and Recordation Form Cover Sheet (1 page) with authorization to charge recordal fee to Deposit Account No. 18-1260.

The amount of the filing fee is calculated below:

			Fee for small entity			Fee for other than small entity	
Fee	No. filed	No. extra*	Rate	Fee	OR	Rate	Fee
Basic fee				\$370	OR		\$750
Total claims	58-20=	38	X \$9=	\$	OR	X \$18=	\$684
Independent claims	11-3=	8	X \$42=	\$	OR	X \$84=	\$672
Multiple Dependent Claim Presented	0	0	+\$140=	\$0	OR	+\$280=	\$ -0-
			Total	\$	OR	Total	\$ 2106.00

\*If the difference in Column 1 is less than zero, enter "0" in Column 2.

Please charge the required fees in the amount of \$2146.00 (\$750.00 for the basic filing fee, \$1356.00 for the excess claims fee, and \$40.00 for the assignment recordal fee) to SIDLEY AUSTIN BROWN & WOOD LLP's Deposit Account No. 18-1260. If additional fees are due, please charge any fees required during the pendency of this application (other than the issue fee) to Deposit Account No. 18-1260. Please credit any overpayment to Deposit Account No. 18-1260.

This transmittal letter is being filed in duplicate.

All correspondence is to be directed to the address associated with the Customer Number 29937.

Respectfully submitted,

By: 

Douglas A. Sorensen  
Registration No. 41,341  
Attorney for Applicant

DAS:fs  
Enclosures